

Department of Social and Health Services

DP Code/Title: PL-EQ In-Home Nurse Delegation

Program Level - 050 Long Term Care Services

Budget Period: 2003-05 Version: 11 2003-05 Agency Request Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is proposing request legislation to expand nurse delegation to in-home care settings. This proposal is designed to meet the increased demands for the elderly and people with disabilities can receive nursing tasks in their own homes. Under this proposal, more clients will be able to receive nursing tasks for stable conditions in their home. This will improve the quality of care, result in less risk to the client and the department, allow people to remain in the care setting of their choice, and delay or prevent more costly residential placement.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	91,000	128,000	219,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	90,000	127,000	217,000
Total Cost	181,000	255,000	436,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	1.0	1.0	1.0

Package Description:

Nurse delegation is an existing practice that allows registered nurse to delegate certain nursing tasks to people who have been trained in the proper execution of these tasks. In recent years, the practice of nurse delegation has been successfully implemented in community-based care settings, including boarding homes and adult family homes. Nurses are restricted to delegating only to registered or certified nursing assistants under 18.88A RCW.

This decision package and accompanying request legislation seek to expand nurse delegation to the in-home care setting. Clients with stable medical conditions that require nursing care on a routine basis will be able to select nurse delegation as a means to receiving these services in their own homes. Currently, clients who are unable or unwilling to supervise the task themselves, who do not have a family member who is able to do the task, or who are unable to find or afford nurses to provide direct care are forced to relocate to a licensed facility to receive nursing care, or go without care. Nurse delegation in home settings will expand client choice, promote client safety, and avoid unnecessary residential placements.

The department proposes implementing the expansion similarly to the way the practice was expanded to community-based care settings, as follows. Only registered nurses who have completed the nurse delegation training may contract with the department to delegate services for DSHS clients. Registered nurses may then only delegate nursing tasks in the in-home setting to either certified or registered nursing assistants. Nurses will be required to monitor the ongoing care with the same frequency that they are required to currently maintain in community-based care settings. Nurses will also retain the discretion to delegate tasks only to those believed is competent to perform the necessary tasks, and nursing assistants retain the right to refuse to provide medical services if there are concerns about the clients health and safety.

To implement the request, Adult and Aging Services Administration (AASA) will need to hire one additional FTE to manage the recruitment, training and contracting of registered nurses. AASA will also require additional funding to pay for the contracts with registered nurses, and to pay the registration fees, and training costs for those individual or agency providers that will provide the nursing assistant services.

Narrative Justification and Impact Statement

How contributes to strategic plan:

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AASA Strategic Goal, "Addressing Client and Family Needs", Objective: "Strengthen Home Care Program: Enhance the Scope of Services, Quality and Accountability." The proposal to extend nurse delegation to in-home settings by January 2004 supports this objective.

Expansion of nurse delegation to in-home care settings is part of the AASA strategic plan to improve client choice in the home care program.

Performance Measure Detail

Program: 050

Goal: 02E Address Client and Family Needs

Incremental Changes

FY 1

FY 2

No measures submitted for package

Goal: 03E Budget Performance and Economic Value

Incremental Changes

FY 1

FY 2

Efficiency Measures

7ED Monthly average cost per long-term care client.

.31

.44

Reason for change:

In November 1998, the University of Washington (UW) published a study on the nurse delegation expansion into community-based residential care settings. This study evaluated the safety and client satisfaction related to the 1995 legislation approving the previous expansion of nurse delegation into community-based residential care centers. This study concluded that nurse delegation provided greater client choice and satisfaction, as well as providing additional nurse oversight to settings where medical services were previously administered by untrained and unsupervised individuals. Common mistakes with medication administration were shown to result in hospitalizations and increased complications. These mistakes could be prevented or minimized with proper nurse supervision. Nurse delegation provides an increased level of safety and training that will reduce the department's liability exposure.

The largest number of long-term care clients receive services in their homes. Those with needs for frequent nursing tasks are often without an important option that would be available to them if they were in adult family homes or boarding homes. The same safety limitations and quality controls, combined with the reliance on professional nursing judgment, makes nurse delegation equally viable as a cost-effective option for in-home clients. The overall nursing shortage requires the flexibility for nurses to delegate, train, and supervise others rather than provide care directly if the demand for care is to be adequately met. Without this option clients may receive substandard care, delay or go without care, or be forced into a residential care setting where nursing care or nurse delegation is available.

Impact on clients and services:

Clients will have the opportunity to choose to receive delegated nursing services in their own homes. This will increase the options available to them and provide a safer means of providing nursing tasks than they may have received in the past.

Impact on other state programs:

DSHS: Impacts AASA budget and services to clients by that administration. Impacts DDD budget and services to clients by that division. Some Children's Administration and Mental Health Division clients may also be affected.

Department of Health: DOH will be required to adjust the licensing status of home care agencies, and will see an increase in the number of persons seeking registration as a nursing assistant.

Relationship to capital budget:

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None

Required changes to existing RCW, WAC, contract, or plan:

RCW 70.127: requires amendment to allow home care agencies to provide limited medical services

RCW 18.79: Requires modification of the Nurse Practice Act to allow for delegation in in-home care settings

RCW 18.88A: Requires modification of the Nursing Assistant Practice Act to allow for delegation in in-home care settings.

Alternatives explored by agency:

Other options included expansion only to agency providers or individual providers contracting independently with clients. These options were rejected because either proposal would limit the number of clients who could benefit from the program.

Budget impacts in future biennia:

Costs may increase as demand for the nurse delegation services increases and as the elderly population increases. These costs are offset by the savings that would result from avoiding unnecessary residential care placements, avoiding unnecessary hospitalization caused by unlicensed, unmonitored administration of medicine and other tasks, and by allowing quicker discharge from hospitals and nursing homes back to in-home settings.

Distinction between one-time and ongoing costs:

All costs are ongoing, but are offset by the savings from the benefits of expanding nurse delegation.

Effects of non-funding:

Nurse delegation will not be an option for in-home clients, and clients may continue to be unnecessarily forced into residential settings, to go without care, or to receive substandard care.

Expenditure Calculations and Assumptions:

Estimated Demand for In-Home Nurse Delegation

Currently, there are approximately 720 clients receiving nurse delegation in AASA community-based care settings. This is approximately 8 percent of the entire residential caseload (9,000 clients).

Assuming the in-home caseload uses the program in roughly the same proportion, but discounting the availability of family members for a large portion of the population, we estimate a total of 1,000 clients requesting in-home nurse delegation.

Assuming an average of 10 clients per delegating nurse, that means we require as many as 100 new delegating nurses.

The clients served by nurse delegation may also include clients receiving private duty nursing and other nurse services in the home, where higher rates are being paid to RNs who provide many services that could be delegated to a trained caregiver.

Cost

Estimated cost of delegation services: \$400,000 annually for 1,000 clients at \$400 per client.

Each aide must receive nine hours of training before accepting delegation. Training is provided as a specialty at \$5.18 per hour by some of the same providers that contract with the department to provide fundamentals training. Factoring in a modest turnover of 25 percent in the aides involved in delegation, 1,250 aides at \$45 dollars each will require \$56,250 in funding for

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training.

Aides will need to be paid while trained, the same as they are paid while taking fundamentals training. 1,250 aides at \$7.68 per hour x 9 hours = \$86,400.

Registry costs are \$15 per person/per year. 1,250 x \$15 = \$18,750 annually

An FTE to manage delegating nurse recruitment, training, and contracting would cost \$98,000 the first year and \$90,000 in subsequent year.

Savings

Potential Private Duty Nursing Costs Avoided: AASA pays \$31.14/hr. for a Registered Nurse (RN) for Private Duty Nursing (PDN) Care (In-home). Several services currently provided by nurses could be delegated to nursing assistants, reducing the number of PDN hours required per client. Currently, there are 71 clients on the PDN program. Of these 71 clients, the following receive nursing services that may potentially be delegated (depending on type of service required, client condition, etc.). Some clients may require more than one of these services:

Tube feeding: 36
Bowel program: 33
Medication Administration: 56
Skin Care: 15

Each PDN Client receives, on average, 13 hours of nursing services per day. If this were reduced by an average of one hour per day with nurse delegation and assuming 50 percent of the clients (35 clients) participate, there would be a savings to the PDN program of approximately \$1,090 per day, or \$398,000 a year (\$199,000 GF-S)

Other Cost Savings are harder to quantify, but may include:

1) Avoiding Residential Care Placements

Community Residential Care Cost Average: \$55/ per day
Nursing Home Care Cost Average: \$127.99/per day

2) Cost Savings from Earlier Discharge from Hospitals and Nursing Homes

The availability of nurse delegation promotes earlier discharge from Nursing Homes or hospitals.

3) Reduced Hospitalizations due to misadministration of medical services:

Findings from the recent UW study of Nurse Delegation demonstrates that nurse delegation improves medication administration. With appropriate care planning and instruction, nurses change the way medications are managed. For example, providing instructions to not crush time-release medications and to wash hands and use gloves when administering eye drops result in fewer complications from errors in administration. This prevents more costly physician or Emergency Room visits.

These other potential cost savings were not factored into the cost estimate for this decision package directly. However, it is assumed that these savings will be sufficient to offset increased utilization, which is expected to result from expanded availability of these delegated nursing services.

See attachment - AASA PL-EQ In-Home Nurse Delegation.xls, for a calculation summary.

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<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	64,000	64,000	128,000
B Employee Benefits	15,000	15,000	30,000
E Goods And Services	27,000	28,000	55,000
G Travel	1,000	1,000	2,000
N Grants, Benefits & Client Services	73,000	146,000	219,000
T Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects	181,000	255,000	436,000

DSHS Source Code Detail

Program 050		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011 General Fund State		91,000	128,000	219,000
<i>Total for Fund 001-1</i>		91,000	128,000	219,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
<u>Sources</u> <u>Title</u>				
19TA Title XIX Assistance (FMAP)		(64,000)	(127,000)	(191,000)
19UL Title XIX Admin (50%)		154,000	254,000	408,000
<i>Total for Fund 001-C</i>		90,000	127,000	217,000
Total Program 050		181,000	255,000	436,000